



Montana Department of Corrections LOW MILEAGE VEHICLE EXEMPTION FORM

Place your cursor on "Driver Name" and type – use F11 to move from field to field

Driver Name: _____

Division: _____ Bureau: _____

Division Location: _____

Vehicle License Plate #: _____ Miles driven
previous FY: _____

Please check all criteria that applies:

- A. ☐ Vehicle is used daily (such as security checks, home visits, USPS parcel pickup/ deliveries);
- B. ☐ The facility or office does not have access to a state motor pool site or agency vehicles;
- C. ☐ Liability or safety concerns exist that would render using a personal vehicle inappropriate;
- D. ☐ Storage of specialized equipment in the vehicle is required;
- E. ☐ Vehicle is necessary for emergency response;
- F. ☐ Vehicle is used primarily for travel on non-maintained roads;
- G. ☐ Vehicle is used primarily for travel on facility property;
- H. ☐ Vehicle is used primarily for maintenance, construction, or grounds keeping;
- I. ☐ Vehicle is used primarily for moving and distributing large items or large quantity of items;
- J. ☐ Vehicle is used to transport offenders;

This space reserved for written explanation to request exemption of any vehicle used less than 5,000 miles per fiscal year:

Assigned Driver/Supervisor
Signature: _____

Administrator Signature: _____

Director Signature: _____

☐ APPROVED by Director

☐ DISAPPROVED by Director